## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/540062

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |   |  |                                |  |                  |                     |                        | OTHER<br>SMALL E |                     |                        |
|--|--|---|--|--------------------------------|--|------------------|---------------------|------------------------|------------------|---------------------|------------------------|
| U.S  | . NATIONAL                                     | STAGE FEES                                | (Column 1)   |                                | ,                                      | Column 2)        | RATE                | FEE                    |                  | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                | LARC                                   | SE ENT. = \$ 300 | BASIC FEE           |                        | OR               | BASIC FEE           | 301)                   |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                | All other situations = \$ 100 / \$ 200 |                  | EXAM. FEE           |                        |                  | EXAM. FEE           | <b>→0</b> 0            |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                | All other situations = \$ 250 / \$ 500 |                  | SEARCH FEE          |                        |                  | SEARCH FEE          | 490                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                                |  | / 50 <b>=</b>    | X \$ 125 =          |                        |                  | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS 18   |  |   | ∂પ minus 20 = ∗  |                                |  | +                | X \$ 25 =           |                        | OR               | X \$ 50 =           | 200                    |
| INDEPENDENT CLAIMS   |  |   | ب minus 3 = *  |                                |  |                  | X \$ 100 =          |                        | OR               | X \$ 200 =          | ಎ೦೦                    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT  |                                |  |                  | + \$ 180 =          |                        | OR               | + \$ 360 =          | 360                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                |  |                  | TOTAL               |                        | OR               | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |  |                                |  |                  | SMALL               | NTITY                  | OR               | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY                           | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE .              | / ODI-<br>TONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |  | =                | X \$ 25 =           |                        | OR               | X \$ 50 =           | 1                      |
|  | Independent                                    | *   | Minus  | ***                            |  | =                | X \$ 100 =          |                        | OR               | X \$ 200 =          | ر.                     |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  |                  | + \$ 180 =          |                        | OR               | + \$ 360 =          |                        |
| *  |  | ,   |  | ·                              | -                                      |                  | TOTAL ADDIT.<br>FEE |                        | OR               | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  |                                |  |                  | -                   |                        |                  |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                             |  | =                | X \$ 25 =           |                        | OR               | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                            |  | =                | X \$ 100 =          |                        | OR               | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |  | r .              | + \$ 180 =          | ·                      | OR               | + \$ 360 =          |                        |
|  |  | •   |  |                                |  |                  | TOTAL ADDIT.        |                        | OR               | TOTAL ADDIT.<br>FEE |                        |
|  | If the entry in colu                           | umn 1 is less than the                    | e entry in column :  | 2, write "0" i                 | n columr                               | ı 3.             |                     |                        |                  |                     |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.